



From: DOUGLASS Trevor
Sent: Friday, March 24, 2017 4:22 PM
To: Joe Dougher <Jdougher@kepro.com>
Cc: John DiPalma <jdipalma@kepro.com>; Colette Riehl <CRIEHL@kepro.com>; Meghan Harris <mharris@kepro.com>; Busek Rhonda J <RHONDA.J.BUSEK@dhsoha.state.or.us>
Subject: Further clarifications

Dear Joe,

Thank you for your March 1st communication. Attached please find our response and request for additional deliverables.

I appreciate your invite to review the compliance 360 process and reporting system. I will work with John and his team to make sure that happens on our end.

Please let me know if you have questions or concerns.
(Hard copy of the letter to follow)

Have a great weekend!

Trevor

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Joseph A. Dougher
President and CEO
APS Healthcare Quality Review, Inc.
dba KEPERO, Inc.
777 East Park Drive
Harrisburg, PA 17111

March 25, 2017

Dear Mr. Dougher,

Thank you for your letter dated March 1st, 2017. We appreciate that KEPERO has completed a number of steps that have resolved some of the more pressing contract compliance issues. I would like to take this opportunity to set forth some further expectations. I have created 4 distinct areas below with clear expectations around each. I have also set forth timeline expectations for each area. The timeline shall commence from the date of this letter.

Area 1: STRF average length of stay

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Attachment 4 – IQA Rates and Metrics and performance Tables

2. Metrics and Performance.

Focus Area: Secure Residential Treatment Facilities

Contract Requirement – July 1, 2016 through June 30, 2017

Base Metric = By the end of year one, there will be a 10% reduction from the baseline average length of stay.

Contract Requirement – July 1, 2017 through June 30, 2018

20% reduction from the baseline average length of stay.

Contract Requirement – July 1, 2018 through contract end date

Maintain 180 day average LOS for SRTF

Within 15 days:

- KEPERO will provide OHA with the average length of stay for all members currently in secure residential treatment facilities.
- KEPERO will provide OHA with the change (in percentage) of the average length of stay for members in secure residential treatment facilities since 7/1/16.

If there has not been progress toward a reduction of 10% in the average length of stay for members in secure residential treatment, KEPRO will identify a plan to work toward or accomplish an appropriate reduction in average length of stay. This references the incentives listed in the contract.

If KEPRO determines a reduction of 10% cannot be achieved by 6/30/17, KEPRO will provide a report of no more than one page detailing why that level of reduction is not medically appropriate and cannot be achieved.

Area 2: Treatment Episode Monitoring

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7. Independent and Qualified Agent Services.

f. Treatment Episode Monitoring shall be implemented as required to serve the Recipients.

(1) Contractor will conduct self-defined periodic review of approved services to determine the authorized service is provided in accordance with applicable Oregon Administrative Rules and the service meets the criteria for quality and medical appropriateness.

(2) Contractor shall determine type and frequency of review based on the type of service and authorization parameters. Reviews shall be conducted through onsite visit, face to face interview of Recipient or provider, document review, clinical documentation review or data analysis.

(3) Treatment episode monitoring may include administration or review of the Level of Care Utilization System and / or the Level of Service Inventory or other assessment or tool determined by Contractor.

(4) For each treatment episode monitoring service invoiced to OHA, Contractor shall provide OHA a treatment episode monitoring detail report describing the reason for the review, the type of review, and the outcome of the review. OHA will not issue payment for these services until this condition is met.

Within 30 days:

KEPRO will provide OHA with KEPRO's clinical model for treatment episode monitoring. This is to include:

- Level of care guidelines, Coverage determination guidelines, Coverage Summaries
- Service review / monitoring practices and procedures or any observable and labeled work product that demonstrates how KEPRO determines a service is medically appropriate.

KEPRO will identify 30 members currently receiving service that may require review due to the medical necessity of the services being provided for their diagnosed condition.

Area 3: Utilization Management –Physical Health

Amendment 151473-1, Pg. 1, Section 4 “Comprehensive Care Coordination” subsection (e) provides:

(1) Complete evaluations and PA's according to appropriate Oregon Administrative Rules (OAR).

(2) Complete evaluations and PA's in accordance with Health Evidence Review Commission's Prioritized List per OAR.

(3) Complete processing of PA's for the Electronic Document Management System's (EDMS) load time as follows:

(a) Immediate Requests will be completed within 24 hours of receipt. (Important: Emergency services do not require PA)

(b) Urgent Requests will be completed within 72 hours of receipt

(c) Routine Requests will be completed within 10 business days of receipt.

(4) Complete PA's using OHA's Medicaid Management Information System (MMIS) PA subsystem. Document decisions and clinical judgment within this system.

...

(7) Ensure that staff conducting PA evaluations have adequate knowledge of the Oregon Administrative Rules and Prioritized List of Health Services including amendments and changes that are routinely made.

Within 15 days:

KEPRO will complete remediation and improvement of all training/framework process documents for Occupational/Physical Therapy prior authorizations, Speech Therapy, Hearing Aids, and Augmentative Communication Device prior authorizations. This will include a framework to ensure that the reviewer conducting the PA authorizations has adequate knowledge of the OARs and Prioritized List of health Services and is able to navigate the MMIS to ensure PA's are processed uniformly and correctly documented.

KEPRO will develop a time table and an implementation plan to complete subsequent PA type training/framework process documents. KEPERO will obtain approval of Contract Administrator on these documents prior to implementing additional areas to ensure KEPERO staff is adequately prepared to execute that PA type. The remaining PA types include: EPIV, Home Health, Medical Surgical, and DME.

Within 30 days:

KEPRO will execute Speech Therapy, hearing Aids & Augmentative Communication Device authorizations with demonstrated adherence to process documents.

KEPRO will have completed a minimum of two additional PA area's training/framework process documents. These areas shall be EPIV, and Home Health.

Area 4: Reports

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13. Data, Records, and Reports.

a. Contractor shall create, prepare, and share documentation, data, metrics, and reports with OHA and DHS-APD for the following:

Care Coordination Pre-management,

Independent and Qualified Agent, Care Coordination, Disease

Management, Intensive Care Management, and the NAL.

e. Contractor shall develop and maintain policies and procedures for the management and resolution of FFS Client and healthcare provider complaints, grievances, and compliments. Contractor's policies and procedures shall document and resolve each complaint and grievance event. Complaints, grievances, and compliments shall be reported to OHA as described in Section 13, subsection n.

Within 15 days:

KEPRO will utilize the Premanagement data and the eligibility data to run a Churn or Flip report weekly for OHA. This will identify weekly if there are any FFS members who flipped enrollment to a CCO during their inpatient stay. This report shall be posted to the share file for Contract Administrator to utilize to correct these enrollment flips/churn.

KEPRO will provide a written process for adding users to Share file website.

KEPRO will provide Chad Scott and Rhonda Busek individual access to the share file site.

Within 30 days:

KEPRO shall provide a written process for collecting and tracking client and provider complaints, grievances, and compliments to OHA.

I want to again acknowledge that KEPERO has demonstrated a willingness to respond and remain in compliance with the contract as presently executed. I would also like to address compliance monitoring with you. I am formally requesting via this letter an initial review of your internal compliance program, and then quarterly meetings thereafter to ensure compliance. Additionally, I am making myself and my lead-worker Chad Scott available one day weekly to provide technical assistance to help navigate

barriers encountered and support KEPRO in its work. This involvement will include site visits and onsite meetings with KEPRO staff to facilitate knowledge transfer and establish clear contract objectives. Finally, as the contract administrator, I welcome visits and phone calls from KEPRO leadership if you believe there is any ambiguity around the objectives of our contract.

Thank you for your continued efforts and desire to maintain a cooperative relationship.

Thanks,



Trevor Douglass, DC, MPH
Contract Administrator